
Appendix B: BRFSS Questionnaire

Section 1: Health Status

1.1. Would you say that in general your health is?

- a. Excellent
- b. Very Good
- c. Good
- d. Fair

Or

- e. Poor
- Don't know / Not sure
- Refused

Section 2: Healthy Days – Health-related Quality of Life

2.1. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

___ __Number of days

None

Don't know / Refused

Refused

2.2. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

___ __Number of days

None **(If Q2.1 and Q2.2 are none, go to next section)**

Don't know / Not sure

Refused

2.3. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

___ __Number of days

None

Don't know / Not sure

Refused

Section 3: Health Care Access

3.1. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

a. Yes

b. No

Don't know / Not sure

Refused

- 3.2. Do you have one person you think of as your personal doctor or health care provider?
(If “no,” ask “is there more than one or is there no person who you think of?”)
- a. Yes, only one
 - b. More than one
 - c. No
 - Don’t know / Not sure
 - Refused
- 3.3. When you are sick or need advice about your health, to which one of the following places do you usually go?
- Would you say?
- a. A doctor’s office
 - b. A public health clinic or community health center
 - c. A hospital outpatient department
 - d. A hospital emergency room
 - e. Urgent care center
 - f. Some other kind of place
 - g. No usual place
 - Don’t know
 - Refused
- 3.4. Was there a time in the past 12 months when you needed medical care, but could not get it?
- a. Yes
 - b. No **(Go to next section)**
 - Don’t know **(Go to next section)**
 - Refused **(Go to next section)**
- 3.5. What is the main reason you did not get medical care?
Note: if more than one instance, ask about the most recent.
- Would you say:
- a. Cost **(Include no insurance)**
 - b. Distance
 - c. Office wasn’t open when I could get there
 - d. Too long a wait for an appointment
 - e. Too long a wait in the waiting room
 - f. No child care
 - g. No transportation
 - h. No access for people with disabilities
 - i. The medical provider didn’t speak my language
 - j. Other
 - Don’t know / Not sure
 - Refused

Section 4: Exercise

- 4.1. During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?
- a. Yes
 - b. No
 - Don't know / Not sure
 - Refused

Section 5: Environmental Factors

The next two questions are about things in the air you breathe that may make you ill, not about an illness you can catch from other people, such as a cold.

- 5.1. Things like dust, mold, smoke, and chemicals inside the home or office can cause poor indoor air quality. In the past 12 months have you had an illness or symptom that you think was caused by something in the air inside a home, office, or other building?

Read if necessary:

If respondent is experiencing an illness or symptom within the past 12 months that was caused by something in the air they encountered over 12 months ago, the answer is "Yes".

- a. Yes
- b. No
- Don't know
- Refused

- 5.2. Things like smog, automobile exhaust, and chemicals can cause outdoor air pollution. In the past 12 months have you had an illness or symptom that you think was caused by pollution in the air outdoors?

Read if necessary:

This question does not refer to natural agents like pollen or dust in outdoor air. If respondent is experiencing an illness or symptom within the past 12 months that was caused by something in the air they encountered over 12 months ago, the answer is "Yes".

- a. Yes
- b. No
- Don't know
- Refused

Section 6: Excess Sun Exposure

The next question is about sunburns including anytime that even a small part of your skin was red for more than 12 hours.

- 6.1 Have you had a sunburn within the past 12 months?
- a. Yes
 - b. No **(Go to next section)**
 - Don't know / Not Sure **(Go to next section)**
 - Refused **(Go to next section)**

- 6.2 Including times when even a small part of your skin was red for more than 12 hours, how many sunburns have you had within the past 12 months?
- a. One
 - b. Two
 - c. Three
 - d. Four
 - e. Five
 - f. Six or more
 - Don't know / Not sure
 - Refused

Section 7: Tobacco Use

Note: 5 packs = 100 cigarettes

- 7.1. Have you smoked at least 100 cigarettes in your entire life?
- a. Yes
 - b. No **(Go to next section)**
 - Don't know / Not sure **(Go to next section)**
 - Refused **(Go to next section)**
- 7.2. Do you now smoke cigarettes every day, some days, or not at all?
- a. Every day
 - b. Some days
 - c. Not at all **(Go to next section)**
 - Refused **(Go to next section)**
- 7.3. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?
- a. Yes
 - b. No
 - Don't know/Not sure
 - Refused

Section 8: Alcohol Consumption

- 8.1. A drink of alcohol is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?
- ___ Days per week
- ___ Days in past 30
- No drinks in past 30 days **(Go to next section)**
- Don't know / Not sure
- Refused **(Go to next section)**
- 8.2. On the days when you drank, about how many drinks did you drink on the average?
- ___ Number of drinks
- Don't know / Not sure
- Refused

- 8.3. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion?

___ ___ Number of times

None

Don't know / Not sure

Refused

Section 9: Asthma

- 9.1. Have you ever been told by a doctor or other health professional that you had asthma?

a. Yes

b. No **(Go to next section)**

Don't know / Not sure **(Go to next section)**

Refused **(Go to next section)**

- 9.2. Do you still have asthma?

a. Yes

b. No

Don't know / Not sure

Refused

Section 10: Diabetes

- 10.1. Have you ever been told by a doctor that you have diabetes?

(If "Yes" and respondent is female, ask: "Was this only when you were pregnant?")

(If Respondent says pre-diabetes or borderline diabetes, use response code 4.)

a. Yes

b. Yes, but female told only during pregnancy

c. No

d. No, pre-diabetes or borderline diabetes

Don't know / Not sure

Refused

Section 11: Oral Health

- 11.1. How long has it been since you last visited a dentist or a dental clinic for any reason?

Include visits to dental specialists, such as orthodontists

a. Within the past year (anytime less than 12 months ago)

b. Within the past 2 years (1 year but less than 2 years ago)

c. Within the past 5 years (2 years but less than 5 years ago)

d. 5 or more years ago

e. Never **(Go to next section)**

Don't know / Not sure

Refused

- 11.2. How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics.
Include teeth lost due to “infection”
- a. 1 to 5
 - b. 6 or more but not all
 - c. All **(Go to next section)**
 - d. None
 - Don't know / Not sure
 - Refused
- 11.3. How long has it been since you had your teeth cleaned by a dentist or dental hygienist?
- a. Within the past year (anytime less than 12 months ago)
 - b. Within the past 2 years (1 year but less than 2 years ago)
 - c. Within the past 5 years (2 years but less than 5 years ago)
 - d. 5 or more years ago
 - e. Never
 - Don't know / Not sure
 - Refused

Section 12: Immunization

- 12.1. During the past 12 months, have you had a flu shot?
- Read if necessary: We want to know if you had a flu shot injected in your arm.**
- a. Yes
 - b. No
 - Don't know / Not sure
 - Refused
- 12.2. During the past 12 months, have you had a flu vaccine that was sprayed in your nose?
- a. Yes
 - b. No
 - Don't know / Not sure
 - Refused
- 12.3. Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine.
- a. Yes
 - b. No
 - Don't know / Not sure
 - Refused

Section 13: Demographics

- 13.1. What is your age?
- ___ ___ Code age in years
- Don't know / Not sure
- Refused

13.2. Are you Hispanic or Latino?

- a. Yes
- b. No
- Don't know / Not sure
- Refused

13.3. Which one or more of the following would you say is your race?
(Check all that apply)

- a. White
- b. Black or African American
- c. Asian
- d. Native Hawaiian or Other Pacific Islander
- e. American Indian, Alaska Native

Or

f. Other [specify] _____

- No additional choices
- Don't know / Not sure
- Refused

If more than one response to Q13.3, continue. Otherwise, go to Q13.5

13.4. Which one of these groups would you say best represents your race?

- a. White
- b. Black or African American
- c. Asian
- d. Native Hawaiian or Other Pacific Islander
- e. American Indian or Alaska Native
- f. Other [specify] _____
- Don't know / Not sure
- Refused

13.5. Are you?

- a. Married
- b. Divorced
- c. Widowed
- d. Separated
- e. Never married
- Or**
- f. A member of an unmarried couple
- Refused

13.6. How many children less than 18 years of age live in your household?

- ___ Number of children
- None
- Refused

13.7 What is the highest grade or year of school you completed?

- a. Never attended school or only attended kindergarten
- b. Grades 1 through 8 (Elementary)
- c. Grades 9 through 11 (Some high school)
- d. Grade 12 or GED (High school graduate)
- e. College 1 year to 3 years (Some college or technical school)
- f. College 4 years or more (College graduate)
- Refused

13.8. Are you currently?

- a. Employed for wages
- b. Self-employed
- c. Out of work for more than 1 year
- d. Out of work for less than 1 year
- e. A homemaker
- f. A student
- g. Retired
- Or
- h. Unable to work
- Do not read
- Refused

13.9 Is your annual household income from all sources?

If respondent refuses at ANY income level, code '99 Refused'

- a. Less than \$25,000 (If “no,” ask e; if “yes,” ask b)
(\$20,000 to less than \$25,000)
- b. Less than \$20,000 (If “no,” code a; if “yes,” ask c)
(\$15,000 to less than \$20,000)
- c. Less than \$15,000 (If “no,” code b; if “yes,” ask d)
(\$10,000 to less than \$15,000)
- d. Less than \$10,000 (If “no,” code c)
- e. Less than \$35,000 (If “no,” ask f)
(\$25,000 to less than \$35,000)
- f. Less than \$50,000 (If “no,” ask g)
(\$35,000 to less than \$50,000)
- g. Less than \$75,000 (If “no,” code h)
(\$50,000 to less than \$75,000)
- h. \$75,000 or more
- Don't know / Not sure
- Refused

13.10. About how much do you weigh?

Note: If respondent answers in metrics, put “1” in column 127.

Round fractions up

___ ___ ___ Weight
pounds/kilograms
Don't know / Not sure
Refused

13.11. About how tall are you without shoes?

Note: If respondent answers in metrics, put “1” in column 131.

Round fractions down

___ ___/ ___ ___ Height

ft / inches/meters/centimeters

Don't know / Not sure

Refused

13.12. What county do you live in?

___ ___ FIPS county code

Don't know / Not sure

Refused

13.13. Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.

a. Yes

b. No **(Go to Q13.15)**

Don't know / Not sure **(Go to Q13.15)**

Refused **(Go to Q13.15)**

13.14. How many of these phone numbers are residential numbers?

___ Residential telephone numbers [6=6 or more]

Don't know / Not sure

Refused

13.15. During the past 12 months, has your household been without telephone service for 1 week or more?

Note: Do not include interruptions of phone service due to weather or natural disasters.

a. Yes

b. No

Don't know / Not sure

Refused

13.16. Indicate sex of respondent. Ask only if necessary.

a. Male **(Go to next section)**

b. Female

(If respondent 45 years old or older, go to next section.)

13.17. To your knowledge, are you now pregnant?

a. Yes

b. No

Don't know / Not sure

Refused

Section 14: Veteran's Status

- 14.1 The next question relates to military service in the United States Armed Forces, either in the regular military or in a National Guard or Reserve Unit. Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?
- a. Yes
 - b. No **(Go to next section)**
 - Don't know/Not sure **(Go to next section)**
 - Refused **(Go to next section)**
- 14.2 Which of the following best describes your service in the United States Military?
- a. Currently on active duty **(Go to next section)**
 - b. Currently in a National Guard or Reserve unit **(Go to next section)**
 - c. Retired from military service
 - d. Medically discharged from military service
 - e. Discharged from military service
 - Don't know/not sure **(Go to next section)**
 - Refused **(Go to next section)**
- 14.3 In the last 12 months have you received some or all of your health care from VA facilities?
- If "Yes" probe for "all" or "some" of the health care.**
- a. Yes, all of my health care
 - b. Yes, some of my health care
 - c. No, no VA health care received
 - Don't know/Not sure
 - Refused

Section 15: Women's Health

If respondent is male go to next section

- 15.1. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?
- a. Yes
 - b. No **(Go to Q15.3)**
 - Don't know / Not sure **(Go to Q15.3)**
 - Refuse **(Go to Q15.3)**
- 15.2. How long has it been since you had your last mammogram?
- a. Within the past year (anytime less than 12 months ago)
 - b. Within the past 2 years (1 year but less than 2 years ago)
 - c. Within the past 3 years (2 years but less than 3 years ago)
 - d. Within the past 5 years (3 years but less than 5 years ago)
 - e. 5 or more years ago
 - Don't know / Not sure
 - Refused

- 15.3. A clinical breast exam is when a doctor or other health professional feels the breast for lumps. Have you ever had a clinical breast exam?
- a. Yes
 - b. No **(Go to Q15.5)**
 - Don't know / Not sure **(Go to Q15.5)**
 - Refused **(Go to Q15.5)**
- 15.4. How long has it been since your last breast exam?
- a. Within the past year (anytime less than 12 months ago)
 - b. Within the past 2 years (1 year but less than 2 years ago)
 - c. Within the past 3 years (2 years but less than 3 years ago)
 - d. Within the past 5 years (3 years but less than 5 years ago)
 - e. 5 or more years ago
 - Don't know / Not sure
 - Refused
- 15.5. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear?
- a. Yes
 - b. No **(Go to Q15.7)**
 - Don't know / Not sure **(Go to Q15.7)**
 - Refused **(Go to Q15.7)**
- 15.6. How long has it been since you had your last Pap smear?
- a. Within the past year (anytime less than 12 months ago)
 - b. Within the past 2 years (1 year but less than 2 years ago)
 - c. Within the past 3 years (2 years but less than 3 years ago)
 - d. Within the past 5 years (3 years but less than 5 years ago)
 - e. 5 or more years ago
 - Don't know / Not sure
 - Refused

If response to Q13.17 is a (is pregnant) go to next section

- 15.7. Have you had a hysterectomy?
(A hysterectomy is an operation to remove the uterus (womb))
- a. Yes
 - b. No
 - Don't know / Not sure
 - Refused

Section 16: Prostate Cancer Screening

If respondent is 39 years old or younger, or is female, go to Q17.1

- 16.1. A prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test?
- a. Yes
 - b. No **(Go to Q16.3)**
 - Don't know / Not sure **(Go to Q 16.3)**
 - Refused **(Go to Q16.3)**

- 16.2. How long has it been since you had your last PSA test?
- a. Within the past year (anytime less than 12 months ago)
 - b. Within the past 2 years (1 year but less than 2 years ago)
 - c. Within the past 3 years (2 years but less than 3 years ago)
 - d. Within the past 5 years (3 years but less than 5 years ago)
 - e. 5 or more years ago
- Don't know / Not sure
Refused
- 16.3. A digital rectal exam is an exam in which a doctor or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam?
- a. Yes
 - b. No **(Go to Q16.5)**
- Don't know / Not sure **(Go to Q16.5)**
Refused **(Go to Q16.5)**
- 16.4. How long has it been since your last digital rectal exam?
- a. Within the past year (anytime less than 12 months ago)
 - b. Within the past 2 years (1 year but less than 2 years ago)
 - c. Within the past 3 years (2 years but less than 3 years ago)
 - d. Within the past 5 years (3 years but less than 5 years ago)
 - e. 5 or more years ago
- Don't know / Not sure
Refused
- 16.5. Have you ever been told by a doctor or other health professional that you had prostate cancer?
- a. Yes
 - b. No
- Don't know / Not sure
Refused

Section 17: Colorectal Cancer Screening

If respondent is 49 years old or younger, go to Q18.1

- 17.1. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?
- a. Yes
 - b. No **(Go to Q17.3)**
- Don't know / Not sure **(Go to Q17.3)**
Refused **(Go to Q17.3)**
- 17.2. How long has it been since you had your last blood stool test using a home kit?
- a. Within the past year (anytime less than 12 months ago)
 - b. Within the past 2 years (1 year but less than 2 years ago)
 - c. Within the past 5 years (2 years but less than 5 years ago)
 - d. 5 or more years ago
- Don't know / Not sure
Refused

- 17.3. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the bowel for signs of cancer or other health problems. Have you ever had either of these exams?
- a. Yes
 - b. No **(Go to next section)**
 - Don't know / Not sure **(Go to next section)**
 - Refused **(Go to next section)**
- 17.4 How long has it been since you had your last sigmoidoscopy or colonoscopy?
- a. Within the past year (anytime less than 12 months ago)
 - b. Within the past 2 years (1 year but less than 2 years ago)
 - c. Within the past 5 years (2 years but less than 5 years ago)
 - d. Within the past 10 years (5 years but less than 10 years ago)
 - e. 10 or more years ago
 - Don't know / Not sure
 - Refused

Section 18: Family Planning

If respondent is female and 45 years of age or older, has had a hysterectomy, is pregnant, or male 60 years or older, go to next section.

The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.

- 18.1. Some things people do to keep from getting pregnant include not having sex at certain times, using birth control methods such as the pill, implants, shots, condoms, diaphragm, foam, IUD, having their tubes tied, or having a vasectomy. Are you or your [if female, insert husband/partner, if male, insert wife/partner] doing anything now to keep [if female, insert you], if male, insert her] from getting pregnant?

NOTE: If more than one partner, consider usual partner.

- a. Yes
- b. No **(Go to Q18.4)**
- c. No partner/not sexually active **(Go to next section)**
- d. Same sex partner **(Go to next section)**
- Don't know / Not sure **(Go to next section)**
- Refused **(Go to next section)**

- 18.2. What are you or your [if female, insert husband/partner, if male, insert wife/partner] doing now to keep [if female, insert you, if male, insert her] from getting pregnant?
- a. Tubes tied or closed or hysterectomy (female sterilization) **(Go to next section)**
 - b. Vasectomy (male sterilization) **(Go to next section)**
 - c. Pill
 - d. Condoms (male or female)
 - e. Contraceptive implants (Jadelle or Implants)
 - f. Shots (Depo-Provera)
 - g. Shots (Lunelle)
 - h. Contraceptive Patch
 - i. Diaphragm, cervical ring, or cap (Nuvaring or others)
 - j. IUD (including Mirena)
 - k. Emergency contraception (EC)
 - l. Withdrawal
 - m. Not having sex at certain times (rhythm)
 - n. Other method (foam, jelly, cream, etc.)
 - Don't know / Not sure **(Go to Q18.5)**
 - Refused **(Go to Q18.5)**

- 18.3. What is the main reason for not doing anything to keep [if female, insert "you," if male, insert "your wife/partner"] from getting pregnant?

Didn't think was going to have sex/no regular partner

- a. You want a pregnancy
 - b. You or your partner don't want to use birth control
 - c. You or your partner don't like birth control/fear side effects
 - d. You can't pay for birth control
 - e. Lapse in use of a method
 - f. Don't think you or your partner can get pregnant
 - g. You or your partner had tubes tied (sterilization) **(Go to next section)**
 - h. You or your partner had a vasectomy (sterilization) **(Go to next section)**
 - i. You or your partner had a hysterectomy **(Go to next section)**
 - j. You or your partner are too old
 - k. You or your partner are currently breast-feeding
 - l. You or your partner just had a baby/postpartum
 - m. Other reason
 - n. Don't care if get pregnant
 - o. Partner is pregnant now **(Go to next section)**
 - Don't know / Not sure
 - Refused
- 18.4. How do you feel about having a child now or sometime in the future? Would you say:
- a. You don't want to have one **(Go to next section)**
 - b. You do want to have one **(Go to Q18.5)**
 - c. You're not sure if you do or don't **(Go to next section)**
 - Don't know / Not sure **(Go to next section)**
 - Refused **(Go to next section)**

18.5 How soon would you want to have a child? Would you say:

- a. Less than 12 months from now
- b. Between 12 months to less than two years from now
- c. Between two years to less than 5 years from now, or
- d. 5 or more years from now
- Don't know / Not sure
- Refused

Section 19: Disability

The following questions are about health problems or impairments you may have.

19.1 Are you limited in any way in any activities because of physical, mental, or emotional problems?

- a. Yes
- b. No
- Don't know / Not sure
- Refused

19.2 Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

Include occasional use or use in certain circumstances

- a. Yes
- b. No
- Don't know / Not sure
- Refused

Section 20: HIV/AIDS

If respondent is 65 years old or older, go to next section

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

I'm going to read two statements about HIV. After I read each one, please tell me whether you think it is true or false, or if you don't know.

20.1 A pregnant woman with HIV can get treatment to help reduce the chances she will pass the virus on to her baby.

- a. True
- b. False
- Don't know / Not sure
- Refused

20.2 There are medical treatments available that are intended to help a person who is infected with HIV to live longer.

- a. True
- b. False
- Don't know / Not sure
- Refused

20.3. Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation.
Include saliva tests

- a. Yes
- b. No **(Go to Q20.10)**
- Don't know/ Not sure **(Go to Q20.10)**
- Refused **(Go to Q20.10)**

20.4. In the past 12 months, how many times have you been tested for HIV, including times you did not get your results:

- __Times
- None
- Don't know / Not sure
- Refused

Not including blood donations, in what month and year was your last HIV test?

Note: If response is before January 1985, code "Don't know"

Include saliva tests

- __ __/__ __ __ __Code month and year
- Don't know / Not sure
- Refused

20.6. I am going to read you a list of reasons why some people have been tested for HIV. Not including blood donations, which of these would you say was the MAIN reason for your last HIV test?

__ __ Reason Code

- a. It was required
- b. Someone suggested you should be tested
- c. You thought you may have gotten HIV through sex or drugs
- d. You just wanted to find out whether you had HIV
- e. You were worried that you could give HIV to someone
- f. **IF FEMALE:** You were pregnant
- g. It was done as part of a routine medical check-up
- h. Or you were tested for some other reason
- Don't know / Not sure
- Refused

20.7. Where did you have your last HIV test – at a private doctor or HMO, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, in a drug treatment facility, at home, or somewhere else?

Facility code

- a. Private doctor or HMO
- b. Counseling and testing site
- c. Hospital
- d. Clinic
- e. Jail or prison
- f. Drug treatment facility
- g. At home
- h. Somewhere else
- Don't know / Not sure
- Refused

If Q20.7 is "d" (clinic) continue, if Q20.7 is "g" (at home) go to Q20.9, else go to Q20.10

- 20.8. What type of clinic did you go to for your last HIV test?
- a. Family planning clinic
 - b. STD clinic
 - c. Prenatal clinic
 - d. Public health clinic
 - e. Community health clinic
 - f. Hospital clinic
 - g. Other
 - Don't know / Not sure
 - Refused
- 20.9 Was this test done by a nurse or other health worker, or with a home testing kit?
- a. Nurse or health worker
 - b. A home testing kit
 - Don't know / Not sure
 - Refused
- 20.10. I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You don't need to tell me which one.
- You have used intravenous drugs in the past year.
You have been treated for a sexually transmitted or venereal disease in the past year.
You have given or received money or drugs in exchange for sex in the past year
You had anal sex without a condom in the past year
- Do any of these situations apply to you?
- a. Yes
 - b. No
 - Don't know / Not sure
 - Refused
- 20.11. The next question is about sexually transmitted diseases other than HIV, such as syphilis, gonorrhea, chlamydia, or genital herpes.
- In the past 12 months, has a doctor or other health professional talked to you about preventing sexually transmitted diseases through condom use?
- a. Yes
 - b. No
 - Don't know / Not sure
 - Refused

Section 21: Firearms

The next questions are about firearms. We are asking these in a health survey because of our interest in firearm-related injuries. Please include weapons such as pistols, shotguns, and rifles; but not BB guns, starter pistols, or guns that cannot fire. Include those kept in a garage, outdoor storage area, or motor vehicle.

- 21.1. Are any firearms kept in or around your home?
- a. Yes
 - b. No
 - Don't know / Not sure
 - Refused

21.2. Are any of these firearms now loaded?

a. Yes

b. No

Don't know / Not sure

Refused

21.3. Are any of these loaded firearms also unlocked? By unlocked, we mean you do not need a key or combination to get the gun or to fire it. We don't count a safety as a lock.

a. Yes

b. No

Don't know / Not sure

Refused

Module 1: Diabetes

To be asked following core Q10.1 if response is “Yes”

1. How old were you when you were told you have diabetes?

___ __ Code age in years [97 = 97 and older]
Don't know / Not sure
Refused
2. Are you now taking insulin?

a. Yes
b. No
Refused
3. Are you now taking diabetes pills?

a. Yes
b. No
Don't know / Not sure
Refused
4. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional.

___ __ Times per day
___ __ Times per week
___ __ Times per month
___ __ Times per year
Never
Don't know / Not sure
Refused
5. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a health professional.

___ __ Times per day
___ __ Times per week
___ __ Times per month
___ __ Times per year
Never
No feet
Don't know / Not sure
Refused
6. Have you ever had any sores or irritations on your feet that took more than four weeks to heal?

a. Yes
b. No
Don't know / Not sure
Refused

7. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?
- ___ __Number of times [76 = 76 or more]
None
Don't know / Not sure
Refused
8. A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?
- ___ __Number of times [76 = 76 or more]
None
Never heard of "A one C" test
Don't know / Not sure
Refused

If "no feet" to Q5, go to Q10

9. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?
- ___ __Number of times [76 = 76 or more]
None
Don't know / Not sure
Refused
10. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.
- a. Within the past month (anytime less than 1 month ago)
b. Within the past year (1 month but less than 12 months ago)
c. Within the past 2 years (1 year but less than 2 years ago)
d. 2 or more years ago
e. Never
Don't know / Not sure
Refused
11. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?
- a. Yes
b. No
Don't know / Not sure
Refused
12. Have you ever taken a course or class in how to manage your diabetes yourself?
- a. Yes
b. No
Don't know / Not sure
Refused

SOUTH DAKOTA'S 2004 STATE-ADDED QUESTIONS

HEALTH CARE COVERAGE

If "a" to Q. 3.1 in Section 3, continue. Otherwise, go to Q. S2.

Earlier you were asked some questions about your health care coverage. We'd now like to ask you some more questions on this topic.

S1. What type of health care coverage do you use to pay for most of your medical care?

Is it coverage through:

- a. Your employer
- b. Someone else's employer
- c. A plan that you or someone else buys on your own
- d. Medicare
- e. Medicaid or Medical Assistance
- f. The military, CHAMPUS, TriCare, or the VA
- g. The Indian Health Service
- h. Some other source
- None
- Don't know/Not sure
- Refused

Go to Q. S3.

If "b" to Q. 3.1 in Section 3, continue. Otherwise, go to Q. S7.

S2. Earlier you indicated that you did not have any type of health care coverage, but there are some types of coverage you may not have considered. Please tell me if you have any of the following:

Coverage through:

- a. Your employer
- b. Someone else's employer
- c. A plan that you or someone else buys on your own
- d. Medicare
- e. Medicaid or Medical Assistance
- f. The military, CHAMPUS, TriCare, or the VA
- g. The Indian Health Service
- h. Some other source
- None **(Go to Q. S5)**
- Don't know/Not sure **(Go to Q. S7)**
- Refused **(Go to Q. S7)**

S3. Do you think you have adequate health care coverage or insurance?

- a. Yes
- b. No
- Don't Know/Not Sure
- Refused

S4. Does your health insurance cover medicines prescribed by a doctor?

- a. Yes
- b. No
- Don't know/Not sure
- Refused

Go to Q. S7

S5. What is the main reason you are without health care coverage?

___ Reason code

- a. Lost job or changed employers
- b. Spouse or parent lost job or changed employers
(includes any person who had been providing insurance prior to job loss or change)
- c. Became divorced or separated
- d. Spouse or parent died
- e. Became ineligible because of age or because left school
- f. Employer doesn't offer or stopped offering coverage
- g. Cut back to part time or became temporary employee
- h. Benefits from employer or former employer ran out
- i. Couldn't afford to pay the premiums
- j. Insurance company refused coverage
- k. Lost Medicaid or Medical Assistance eligibility
- Other
- Don't know/Not sure
- Refused

S6. About how long has it been since you had health care coverage?

- a. Within the past 6 months (anytime less than 6 months ago)
- b. Within the past year (6 months but less than 12 months ago)
- c. Within the past 2 years (1 year but less than 2 years ago)
- d. Within the past 5 years (2 years but less than 5 years ago)
- e. 5 or more years ago
- Don't know/Not sure
- Never
- Refused

S7. About how long has it been since you last visited a doctor for a routine checkup?

(A routine checkup is a general physical exam, not an exam for a specific injury, illness or condition)

- a. Within the past year (anytime less than 12 months ago)
- b. Within the past 2 years (1 year but less than 2 years ago)
- c. Within the past 5 years (2 years but less than 5 years ago)
- d. 5 or more years ago
- Don't know/Not sure
- Never
- Refused

CARDIOVASCULAR DISEASE

- S8. To lower your risk of developing heart disease or stroke, are you...
- a. Eating fewer high fat or high cholesterol foods?
 - a. Yes
 - b. No
 - Don't know / Not sure
 - Refused
 - b. Eating more fruits and vegetables?
 - a. Yes
 - b. No
 - Don't know / Not sure
 - Refused
 - c. More physically active?
 - a. Yes
 - b. No
 - Don't know / Not sure
 - Refused
- S9. Within the past 12 months, has a doctor, nurse, or other health professional told you to...
- a. Eat fewer high fat or high cholesterol foods?
 - a. Yes
 - b. No
 - Don't know / Not sure
 - Refused
 - b. Eat more fruits and vegetables?
 - a. Yes
 - b. No
 - Don't know / Not sure
 - Refused
 - c. Be more physically active?
 - a. Yes
 - b. No
 - Don't know / Not sure
 - Refused
- S10. Has a doctor, nurse or other health professional ever told you that you had any of the following?
- a. A heart attack, also called a myocardial infarction
 - a. Yes
 - b. No
 - Don't know / Not sure
 - Refused

b. Angina or coronary heart disease

- a. Yes
- b. No
- Don't know / Not sure
- Refused

c. A stroke

- a. Yes
- b. No
- Don't know / Not sure
- Refused

WOMEN'S HEALTH

If "b", "c", "d", or "e" to Q. 15.2 in Section 15, continue. Otherwise, go to Q. S12.

Earlier in this survey, we talked about mammograms.

S11. What is the most important reason you did not have a mammogram in the past year?

- a. Not recommended by doctor/doctor never said it was needed
- b. Not needed/Not necessary
- c. Never heard of mammogram
- d. Cost
- e. No insurance to pay for it
- f. Procrastination
- g. Other
- Don't Know/Not Sure
- Refused

If "a" to Q. 15.1 in Section 15 and "a", "Don't Know/Not Sure", or "Refused" to Q. 15.2 in Section 15, please show the following statement for the interviewer to read before Q. S12. Otherwise go to skip statement below.

Earlier in this survey, we talked about mammograms.

If "a" to Q. 15.1 in Section 15, continue. Otherwise to go Q. S13.

S12. Whose idea was it for you to have your last mammogram---was it your idea, your doctor's idea or someone else's idea?

- a. Respondent's idea
- b. Doctor's idea
- c. Someone else's idea
- Don't Know/Not Sure
- Refused

IMMUNIZATION

If "b" to Q. 12.1 and "b" to Q. 12.2 in Section 12, continue. Otherwise, go to Q. S14.

S13. Earlier you indicated that you did not receive a flu shot in the arm, nor did you have any flu vaccine sprayed in your nose within the past 12 months. What was the main reason that you did not get a flu vaccination?

- a. Not recommended by doctor
- b. Didn't think I needed one
- c. Not physically able to get to the clinic
- d. Vaccine not available/clinic didn't get their shipment
- e. Didn't think of it / forgot / missed it
- f. Shot could give me the flu / allergic reaction / health problems
- g. Other
- Don't know/Not sure
- Refused

ORAL HEALTH

If "b", "c", "d", or "e" to Q. 11.1 in Section 11, continue. Otherwise, go to Q. S15.

S14. Earlier in this survey we talked about your oral health. What is the main reason you did not visit the dentist in the last year?

- a. Fear, apprehension, nervousness, pain, dislike going
- b. Cost
- c. Do not have/know a dentist
- d. No Transportation/Too far away
- e. No appointments available/Dentist not taking any more patients
- f. Dentist not accepting new Medicaid patients
- g. No reason to go (no problems, no teeth)
- h. Other priorities
- i. Have not thought of it
- j. Other
- Don't Know/Not Sure
- Refused

CHILDREN'S HEALTH INSURANCE

If the total number of children (ages 0-17) is less than or equal to 1 according to Q. 13.6, continue. Otherwise, go to Q. S16.

S15. How many 18 year olds live in your household?

- | | |
|----------|------------------|
| a. One | f. Six |
| b. Two | g. Seven or more |
| c. Three | None |
| d. Four | Refused |
| e. Five | |

If the total number of children (0-18) is greater than zero according to Q. 13.6 and Q. S15, continue. Otherwise, go to Q. S29.

Now I'd like to ask a few questions about the child in your household that is 18 or younger and has had the most recent birthday.

S16. What is the age of this child?

Enter the age of child (0-18)

Don't know/Not sure

Refused

S17. Does this child have health coverage?

a. Yes

b. No **(Go to Q. S19)**

Don't Know/Not Sure **(Go to Q. S27)**

Refused **(Go to Q. S27)**

S18. What type of health care coverage do you use to pay for most of this child's medical care? Is it coverage through: Your employer; Someone else's employer; A plan that you or someone else buys on your own; Medicare; Medicaid, CHIP, or Medical Assistance; The military, CHAMPUS, TriCare or the VA; The Indian Health Service [IHS] or Some other source?

Enter the coverage code

a. Your employer

b. Someone else's employer

c. A plan that you or someone else buys on your own

d. Medicare

e. Medicaid, CHIP, or Medical Assistance

f. The military, CHAMPUS, TriCare, or the VA

g. The Indian Health Service

h. Some other source

None

Don't know/Not sure

Refused

If "e" to Q. S18, go to Q. S26, otherwise go to Q. S27.

S19. There are some types of coverage you may not have considered, please tell me if this child is covered by any of the following. Coverage through: Your employer; Someone else's employer; A plan that you or someone else buys on your own; Medicare; Medicaid, CHIP, or Medical Assistance; The military, CHAMPUS, TriCare or the VA; The Indian Health Service [IHS] or Some other source?

Enter the coverage code

a. Your employer **(Go to Q. S27)**

b. Someone else's employer **(Go to Q. S27)**

c. A plan that you or someone else buys on your own **(Go to Q. S27)**

d. Medicare **(Go to Q. S27)**

e. Medicaid, CHIP, or Medical Assistance **(Go to Q. S26)**

f. The military, CHAMPUS, TriCare, or the VA **(Go to Q. S27)**

g. The Indian Health Service **(Go to Q. S27)**

h. Some other source **(Go to Q. S27)**

None

Don't know/Not sure **(Go to Q. S27)**

Refused **(Go to Q. S27)**

- S20. Has this child been refused health coverage due to his or her health status?
- a. Yes
 - b. No
 - Don't Know/Not Sure
 - Refused
- S21. Is this child without health coverage because of the loss of someone's employment?
- a. Yes
 - b. No
 - Don't Know/Not Sure
 - Refused
- S22. Is this child without health coverage due to any more of the following?
- a. Employer dropped coverage?
 - b. Cost of premiums?
 - c. High deductibles?
 - d. Don't think it's necessary to have health coverage for this child?
- Yes
No
Don't know/Not sure
Refused
- S23. Please indicate if any of the following occurred in the last year due to this child's lack of health coverage.
- a. Went without medical care when sick or injured, but probably should have received medical care.
 - b. Medical care was delayed when the child was sick or injured and probably should have received care sooner.
- Yes
No
Don't know/Not sure
Refused
- S24. About how long has it been since this child last visited a doctor for a routine checkup or physical examination?
- a. Within the past year (anytime less than 12 months ago)
 - b. Within the past 2 years (1 year but less than 2 years ago)
 - c. Within the past 5 years (2 years but less than 5 years ago)
 - d. 5 or more years ago
 - Don't know/Not sure
 - Never
 - Refused

S25. Who primarily pays for medical care for this uninsured child?

INTERVIEWER: Parent(s) includes caretaker parent and/or absent parent. Other includes private foundation, charitable organization, provider write-off, and etc...

- a. Parent(s)
- b. Other relative
- c. County
- d. Other
- Don't know/Not sure
- Refused

Go to Q. S27

S26. Have you dropped or reduced private health coverage for this child because of the availability of Medicaid or other public assistance?

- a. Yes
- b. No
- Don't Know/Not Sure
- Refused

CHILDHOOD DIABETES

S27. Earlier you said there were [fill in number from core Q.13.6] children age 17 or younger living in your household. How many of these children have ever been diagnosed with diabetes by a doctor.

- _ _Number of children
- None **(Go to Q. S29)**
- Don't know/Not sure **(Go to Q. S29)**
- Refused **(Go to Q. S29)**

S28. What is the type of diabetes?

- a. Type 1
- b. Type 2
- c. Both
- Don't know/Not sure
- Refused

WEST NILE VIRUS

S29. During this past summer how much would you say that you were outdoors in the evenings? Would you say...

- a. Always
- b. Nearly Always
- c. Sometimes
- d. Seldom
- e. Never

- Don't Know/Not Sure
- Refused

- S30. Did you take any precautions this past summer to protect yourself from contracting West Nile Virus?
- a. Yes
 - b. No (Go to Q. S32)
 - Don't Know/Not Sure (Go to Q. S32)
 - Refused (Go to Q. S32)
- S31. Please tell me which of the following precautions that you took to avoid contracting West Nile Virus?
- a. Did you check your property for places mosquitoes can breed?
- a. Yes
 - b. No
 - Don't Know/Not Sure
 - Refused
- b. Did you avoid outdoor activities?
- a. Yes
 - b. No
 - Don't Know/Not Sure
 - Refused
- c. Did you use mosquito repellent?
- a. Yes
 - b. No
 - Don't Know/Not Sure
 - Refused
- d. Did you wear long pants and long sleeved shirts?
- a. Yes
 - b. No
 - Don't Know/Not Sure
 - Refused

TELEVISION VIEWING

- S32. On an average week day, how many hours do you watch TV?
- a. I do not watch TV on an average week day
 - b. Less than 1 hour per day
 - c. 1 hour per day
 - d. 2 hours per day
 - e. 3 hours per day
 - f. 4 or more hours per day
 - Don't know/Not sure
 - Refused

